

Name in Full

Certificate of Death

Andrew Adams

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

2

7

4

Age

England

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

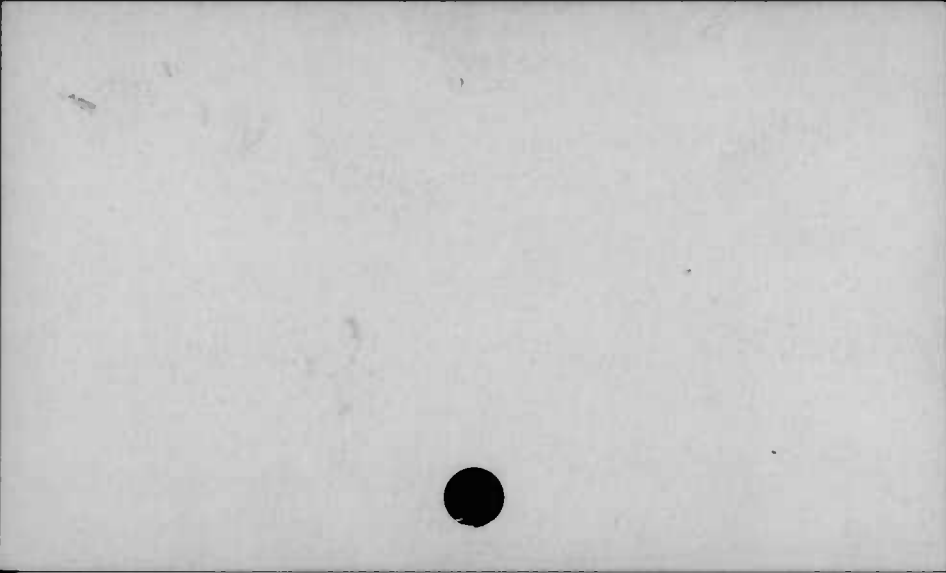
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur Allen

Town

County

Died at

Laurel

Howard

MARYLAND

Date 189 02 Month 9 Day 11 Y. 4 M. 24 D. ma Native of ma Occupation Infant

Male W Married Widow D Number of children living

Female Colored Single Widower

Husband  
ofFather's  
Name

Willie Allen

Mother's  
Name

Mary Allen

Cause of

Primary

Pneumonia

How long sick

2 wks

Death

Immediate

Congestion of Brain

Accident, Suicide, Homicide

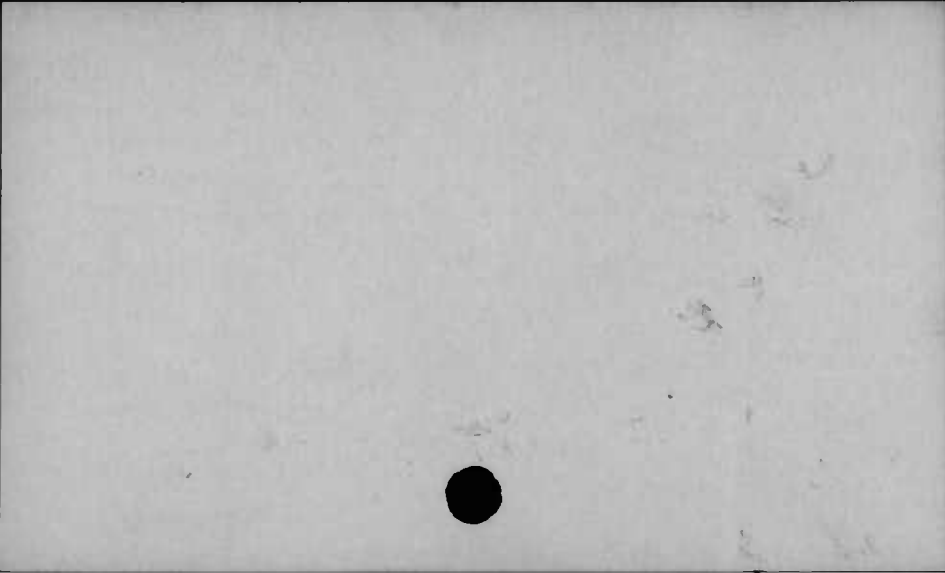
Reported by

J. L. Intertun M.D.

Address

Savage ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Pearl E. Beggarly

Town

County

MARYLAND

Died at Alberton

Howard

Date	1902	Month	Sept.	Day	22	Y.	19	M.	2	D.	Native of	Va	Occupation	Teacher
	Male		White				Married				Widow		<del>Divorced</del>	
			Female				Single				Widower			Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of	Primary	Typhoid Pneumonia	93	How long sick	6 days
Death	Immediate	Exhaustion		Accident, Suicide, Homicide	

Reported by

J. Tassay Waltemeyer

Address

Alberton, Md.



Name in Full

Certificate of Death

Augustus L. Bowman.

Town

County

Died at

Flournoe

Howard

MARYLAND

Date 1909.

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 23

Age

72. 8. 0

Maryland

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Susan R. Bowman.

Father's

Mother's

Name

Erwin Bowman

Maiden Name

Nancy Molenworth.

Cause of

Primary

Heart and kidney disease

How long sick

3 years.

Death

Immediate

Anasarca of heart failure

Accident, Suicide, Homicide

Reported by

J. W. Racy.

Address

Lisbon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





Name in Full

Certificate of Death

Mary Jane Braden

Town

County

Died at

Gulfport

Howard

MARYLAND

Date 1902

Month Day

Sept 8

Y. M. D.

Age 52

Native of

Occupation

Maryland

Haver keeper

Male

Married

Widow

Deceased

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

one

Husband of

Wife

Father's

Name

Abraham Braden

Mother's

Maiden Name

Cause of

Primary

Cancer

45

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Milton H Easton

Dr W S Rankin

Address

Ellicott City

Gulfport Howard Co

2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James Madison  
family cemetery

Name In Full

Certificate of Death

Blanche Dorsey

Town

County

Died at

Ellicott City

Howard

MARYLAND

Date

1902

Month

9

Day

14

Y.

M.

D.

Age

26

Native of

Maryland

Occupation

Laundress

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

James Dorsey

Wife

Father's

Name

Mother's

Maiden Name

Hannah Dent

Cause of

Primary

Internal Hemorrhage

How long sick

8 days

Death

Immediate

Effusion

Accident, Suicide, Homicide

Reported by

J. H. Williams

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Herman Lee Grimes

Died at <sup>Town</sup> Rover <sup>County</sup> Howard MARYLAND

Date 19 02 <sup>Month</sup> Sept <sup>Day</sup> 18 <sup>Y.</sup> - <sup>M.</sup> - <sup>D.</sup> 2 <sup>Age</sup> - - 2 <sup>Native of</sup> Maryland <sup>Occupation</sup>

<sup>Male</sup> Male <sup>White</sup> White <sup>Married</sup> Married <sup>Widow</sup> Widow <sup>Divorced</sup> Divorced

<sup>Female</sup> Female <sup>Colored</sup> Colored <sup>Single</sup> Single <sup>Widower</sup> Widower <sup>Number of children living</sup>

Husband of

Wife

Father's Name James O Grimes <sup>Mother's</sup> Isabell Scribner <sup>Maiden Name</sup>

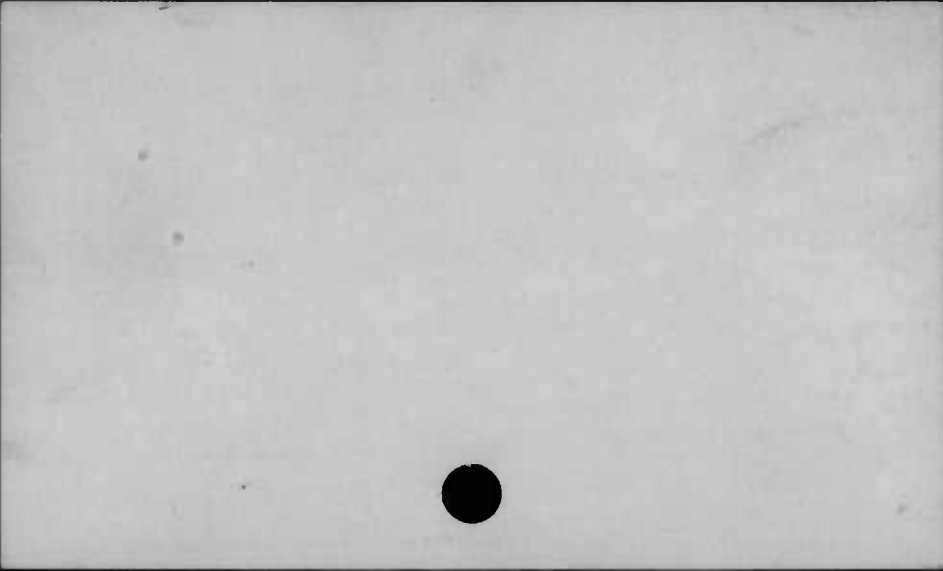
Cause of Death { <sup>Primary</sup> Convulsions <sup>How long sick</sup> 24 hours

<sup>Immediate</sup> Exhaustion <sup>Accident, Suicide, Homicide</sup>

Reported by J. W. Webb & Son

Address West Friendship Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Noretha Sager*

Town

County

Died at

*Fulton*

*Harvard*

MARYLAND

Date <i>1890</i>	Month <i>9</i>	Day <i>23</i>	Age <i>86</i>	Y <i>86</i>	M. <i></i>	D. <i></i>	Native of <i>Germany</i>	Occupation <i>Housekeeper</i>
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living <i>6</i>				

Husband of *Herman Sager*

Wife

Father's

Name

Mother's

Name

Cause of Death	Primary	<i>General Debility</i>
	Immediate	<i>Heart Failure</i>

How long sick

Accident, Suicide, Homicide

Reported by

*M.M. Cissel*

Address

*Highland Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Jane Nott

Died at

Town

County

Ellicott City

Howard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 23

Age 46

Md

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Wm. L. Nott.

Mother's

Maidan Name

Sophia Elliott

Cause of

Primary

Sarcoma

Death

Immediate

Transition

How long sick

7 or 8 Months

~~Accident, Suicide, Homicide~~

Reported by

B. J. Byrne

Address

Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



### Certificate of Death

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George L. Rodgers

Town

County

Died at

MARYLAND

Elk Ridge      Howard  
 Date 1902      Month Sept.      Day 19      Y. 40      M. 8      D. 22      Native of Md.      Occupation Storekeeper  
 Male      White      Married      Widow      Divorced  
 Female      Colored      Single      Widower      Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name Alfred C. Rodgers      Mother's Name Agnes V. Lowery -  
 Maiden Name

Cause of Death { Primary Diabetes Mellitus      How long sick 18 mos  
 Immediate Acute Catarrhal Phthisis      ~~Accident, Suicide, Homicide~~

Reported by

Address

Wm R. Eareckson  
 Elk Ridge, Md.

50

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Florence Virginia Stansfield

## CERTIFICATE OF DEATH

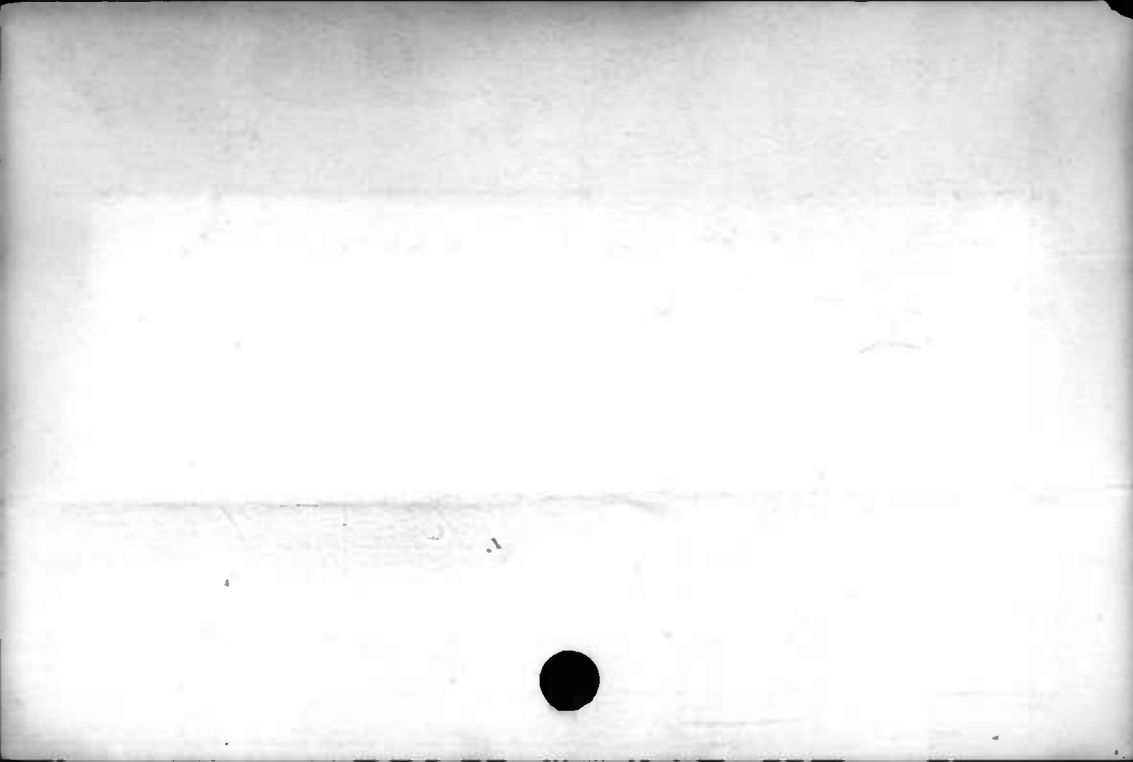
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clarkson</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death 190 2	Month <i>Sept.</i>	Day <i>25</i>	Age	Years <i>49</i>	Months <i>5</i>	Days <i>10</i>			
Sex <i>Female</i>	Color or Race <i>white Caucasian</i>	Birth- place <i>Balto County</i>							
Married, Single or Widowed <i>Single</i>		Occupation <i>Seamstress</i>							
Name of Wife or Husband									
Father's Name <i>Thomas Stansfield</i>				Father's Birthplace <i>Balto County</i>					
Mother's Maiden Name <i>Mary Jane Vernay</i>				Mother's Birthplace <i>Balto County</i>					
Name of person giving In formation <i>Mrs. Isaac. Iglehart</i>				How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Stomach</i>	How long <i>7 weeks -</i>
Immediate <i>Exhaustion</i>	How long <i>40</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. W. Webb &amp; Son</i>
	Address <i>West Friendship Howard Co. Md.</i>
Accident or Suicide? <i>—</i>	





Name in Full

Certificate of Death

Elizabeth Townsend

Town

County

MARYLAND

Died at

Gardys Howard Co

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept

10

Age 73

Maryland

hears

~~Male~~

White

~~Married~~

Widow

~~Widow~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Widow~~ of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Paralysis

How long sick

1 year

Accident, Suicide, Homicide

Reported by

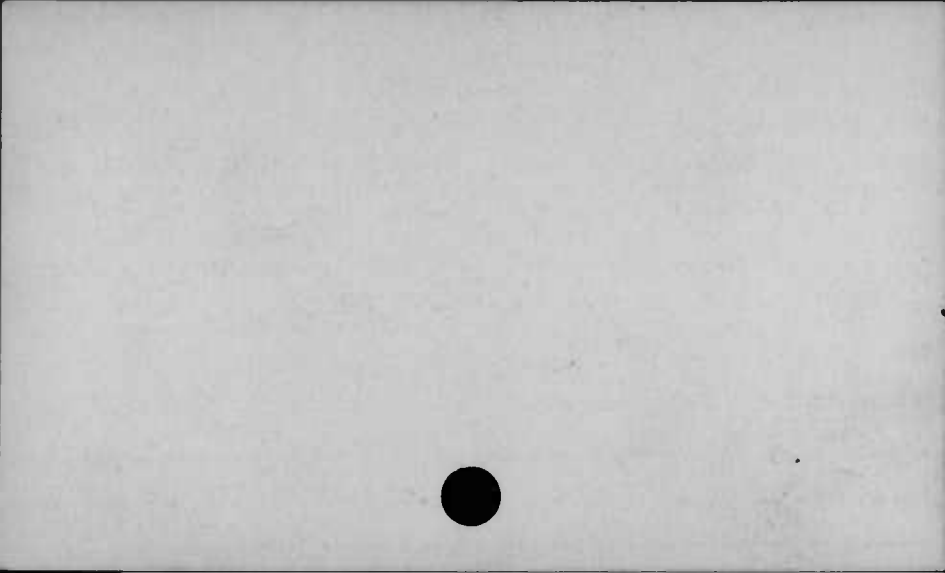
John M. B. Rogers and

Address

Olinville City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Rachel J. Wilson

Died at

MARYLAND

Town

County

Hanover

Howard

Month

Day

M.

D.

Native of

Occupation

Date 19 02

9-20

Age

69

Md.

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dropsy

177

How long sick

3 mos.

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

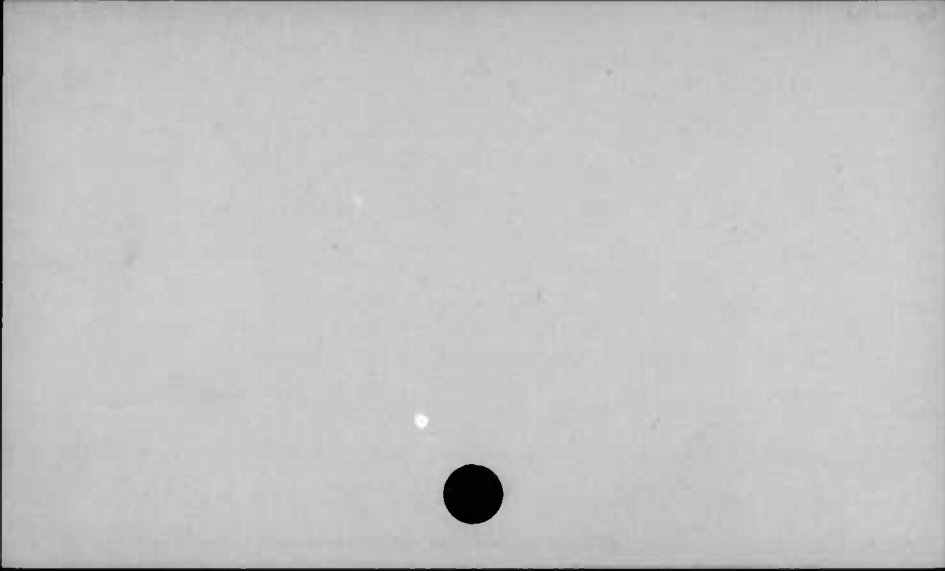
Dr. Harrison Tongue

Address

Okridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Charley Young  
 Town County  
 Edumbia Howard

Died at

.MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Sept 18

Age 36

Maryland farm hand

Male

White

Married

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

two

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Consumption

27

How long sick

1 year

Accident, Suicide, Homicide

Reported by

Milton Easton

Address

Ellicott City.

Dr. Shiffly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Brown chisel Dwyler